

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number o I F X 0 17 U S

CLAIMS AS FILED - PART I (Column 1)						(Column 2) SMALL ENTITY TYPE TYPE				OTHER THAN OR SMALL ENTITY		
TO	TAL CLAIMS	59					F	ATE	FEE		RATE	FEE
FO	R		NUMBER F	ILED	NUMBE	R EXTRA	BA	SIC FEE	355.00	OR	BASIC FEE	·710.00
TOTAL CHARGEABLE CLAIMS 59minus 20=					• 3	X	\$ 9=		OR	X\$18=	702	
INDEPENDENT CLAIMS 3 =						2	>	<b>(40=</b>		OR	X80=	0
MULTIPLE DEPENDENT CLAIM PRESENT							+	135=		OR	+270=	C
If the difference in column 1 is less than zero, enter "0" in column 2								OTAL	× • • • •	OR	TOTAL	1412
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SI	MALL E	NTITY	OR	OTHER SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO	IEST BER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total		Minus	**		=	×	(\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF MU	Minus	***	T CL AIM	= [	>	<b>(40=</b>		OR	X80=	
	IFINST PHESE	NIATION OF MC	JUIPLE DE	ENDEN	CLAIM	ar a see as a see	al a	135=**	4. 18 14	OR	+270=	13.
						<b>/</b> 0-10\	ADE	TOTAL DIT. FEE		or	TOTAL ADDIT. FEE	
Taga	<b>3</b>	(Column 1)			mn 2)	(Column 3)		· . · ·	4001			ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		NUN PREVI	MBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	•	Minus	***	• • •	=	<b>    &gt;</b>	<b>(\$ 9=</b>		OR	X\$18=	
AME	Independent	*	Minus	***	T CLAIM	=		<b>K40=</b>		OR	X80=	
Ŀ	THING! PHESE	NTATION OF M	ULTIPLE DEI	ENDEN	T CLAIN		<b>,</b> [+	135=		OR	+270=	
					•		ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
,	·	(Column 1)		(Colu	ımn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	•	Minus	**		=	] [ ,	<b>(\$</b> 9=		OR	X\$18=	
	Ind p nd nt	*	Minus	***	IT OLAN!	-	<b>   </b>   ;	X40=		OR	X80=	
L	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	II CLAIM		┙┞	135=		OR	+270=	
	If the entry in colu	ımn 1 is less than t	the entry in col	umn 2, wrl	ite "0" in ∞	lumn 3.		TOTAL		ł	TOTAL	
** If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Ind. pendent) is the highest number found in the appropriate box in column 1.												

## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

	, , , , , , , , , , , , , , , , , , , ,	Effect	0117000/								
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
то	TAL CLAIMS						RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC F	EE 375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*		X\$ 9	=	OR	X\$18=	
INDEPENDENT CLAIMS			mir	nus 3 =	*		X42=	=	OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				.110			+280=	
* If the difference in column 1 is less th:				zero, enter "0" in column 2			+140		OR	TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA	L	JOH	OTHER	THAN	
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)					(Column 3)	SMAL	L ENTITY	OR	SMALL	
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO	EST BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
IDME	Total	* 50	Minus	** 5	-9		X\$ 9	=	OR	X\$18=	
AMENDMENT	Independent	• >	Minus	***	3	=	X42=	=	OR	X84=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM		+140	=	OR	+280=		
							TOT		OR	TOTAL	
		(Column 1)		(Colur	mn '2)	(Column 3)	ADDIT. F	EE L	_1	ADDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	EST BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAI FEE	-]	RATE	ADDI- TIONAL FEE
MENDMENT	Total	*	Minus	**		=	X\$ 9	=	OR	X\$18=	
	Independent	*	Minus	***		=	X42:	=	OR	X84=	
<b> </b>	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDENT	CLAIM		+140		7	000	
								TAL	OR	TOTAL	
							ADDIT. F	EE L	JOR	ADDIT. FEE	L
	· 医克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克	(Column 1) CLAIMS	200	(Colui		(Column 3)	Γ	ADDI:	٦		-ADDI-
AMENDMENT C		FEMAN ING TO THE TE AMENDMENT		NUM PREVIO FAID		PRESENT EXTRA	RATE	- 1	-	RATE	TIONAL FEE
	Total	<b>†</b>	) เมือบร	*		=	XS E	=	OF.	X\$13=	
ME	Independent	*	Minus	***		=	X42:	=	OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		1440	_	7		
	If the entry in colu	ımn 1 is less than t	he entry in <b>co</b> lu	ımn 2, writ	e "0" in co	otumn 3.	+140 TO		OR	TOTAL	
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										<u> </u>	

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